



BZA # _____
DATE _____

**BOARD OF ZONING APPEALS
RENTAL OF BEDROOMS TO VISITORS
WILLIAMSBURG PLANNING DEPARTMENT
401 LAFAYETTE STREET
WILLIAMSBURG, VIRGINIA 23185
(757) 220-6130 FAX (757) 220-6109**

OWNER(S): _____

STREET/MAILING ADDRESS: _____

TELEPHONE/FAX NUMBER: _____

LOCATION OF THE REQUEST: _____

NUMBER OF RENTAL BEDROOMS PROPOSED: _____

NAMES OF ALL PERSONS RESIDING ON THE
PREMISES: _____

I/We, respectfully request that the above information is true to the best of my/our knowledge and belief and that a determination be made by the Board of Zoning Appeals for a special exception request to allow the rental of bedrooms to visitors in accordance with Section 21-609 of the Zoning Ordinance.

Signature of Owner(s)

Date

Sworn before me this _____ day of _____, _____.

Notary

My Commission Expires

FOR OFFICE USE ONLY

TAX MAP NUMBER: _____ ZONING: _____

DATE OF PUBLIC HEARING: _____ NOTICES MAILED ON: _____

BLDG OFFICIAL ACTION: _____ SPR COMMITTEE ACTION: _____

SEE ATTACHED SHEET FOR PERSONS NOTIFIED.

DECISION BY THE BOARD OF ZONING APPEALS:

THE DECISION OF THE BOARD OF ZONING APPEALS
MAY BE APPEALED TO THE CIRCUIT COURT WITHIN
30 DAYS AFTER FILING OF THE DECISION IN THE
OFFICE OF THE BOARD.

ZONING ADMINISTRATOR

DATE FILED